

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.

19-485323

FILING DATE

APPLICANT(S)

CLAIMS

CLM	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLM	IND.		DEP.		IND.		DEP.		IND.		DEP.		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.											
1							51													
2							52													
3							53													
4							54													
5							55													
6							56													
7							57													
8							58													
9							59													
10							60													
11							61													
12							62													
13		①					63													
14		⑥					64													
15							65													
16		④					66													
17							67													
18		⑤					68													
19		①					69													
20							70													
21							71													
22		①					72													
23		①					73													
24							74													
25		③					75													
26		③					76													
27		③					77													
28		③					78													
29		③					79													
30		③					80													
31							81													
32							82													
33		②					83													
34							84													
35							85													
36							86													
37							87													
38							88													
39							89													
40							90													
41							91													
42							92													
43							93													
44							94													
45							95													
46							96													
47							97													
48							98													
49							99													
50							100													
TOTAL IND.							TOTAL IND.													
TOTAL DEP.	23						TOTAL DEP.													
TOTAL CLAIMS	34						TOTAL CLAIMS													